

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

IN RE:

Cassandra Johnson

) Case No.:

18-55697 LRC

) Chapter: \_\_\_\_\_

7

Debtor(s)

Submission of Physician Statement Request for Postponement of Hearing Requests

Debtor currently submits physician statement. Debtor continues to remain under medical care and requests no hearing be scheduled until released from physician's office or to receive outpatient medical procedures as required.



2019 JUL 25 AM 11:19



Dated:

7/25/19

Signature:

Cassandra Johnson

Printed Name:

Cassandra Johnson-Landry

Address:

P.O. Box 1075

Grayson, Georgia

30017

Phone:

678-860-3621

**EASTSIDE SURGICAL ASSOCIATES**

1600 MEDICAL WAY, SUITE 220

OFFICE: 770-972-7999 FAX: 770-972-9528

Date: 7/19/2019

This is to certify that Cassandra Landry

Diagnosis: \_\_\_\_\_

( ) May resume usual and customary work activities on  
\_\_\_\_\_

( ) May return part-time on \_\_\_\_\_ for \_\_\_\_\_ week;  
after which, he/she may resume full-time work.

( ) May return to full-time work on \_\_\_\_\_ with the  
following limitations: \_\_\_\_\_

( ) The above patient will undergo \_\_\_\_\_

( ) He/She will be out of work for approximately \_\_\_\_\_

(X) To Whom it may concern. Cassandra Landry is currently  
under physicians care . She has not been released as of yet..

Signature:



Ki Yagil MD

# Kaiser Permanente

GWINNETT INTERNAL MEDICINE  
3650 Steve Reynolds Blvd.  
Duluth GA 30096

Encounter Date: 7/8/2019

Patient: Cassandra Johnson Landry  
Health Record Number: 0651281

## VERIFICATION OF TREATMENT

Cassandra Johnson Landry was seen at our medical offices on 7/8/19

Cassandra Johnson Landry reports she has been ill since 6/17/19. Hospitalized until 6/28/19

May not return to work until medically cleared by the surgeon.

7/8/19  
\_\_\_\_\_  
Date/Time

  
\_\_\_\_\_  
Provider Signature

Please note: A copy of this information will be maintained in our medical record. If validation of this verification is requested, a copy of this form will be forwarded to the requesting party.

I authorize release of this medical information.

Name \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Your Health Care Team,  
Kim A Livsey, MD

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

IN RE: *Amanda J. Landry*

) Case No: 18-55697 LRC

) Chapter 7

)  
Debtor(s)

**CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify under penalty of perjury that I am, and at all times hereinafter mentioned, was more than 18 year of age, and that on the 25 day of July, 2019, I served a copy of the Submissions of Physical Statement Requests for Postponement Hearing Requests which was filed in this bankruptcy matter on the 25 day of July, 2019.

Mode of service (check one):

MAILED

HAND DELIVERED

Name and Address of each party served (If necessary, you may attach a list.):

*S. Gregory Tays  
Tays Financial Group, LLC  
Suite 533  
964 Peachtree Rd NW Suite 533  
Atlanta GA 30305*

*Herbert Bradford II  
964 Peachtree Rd NW  
Suite 533  
Atlanta, GA 30305*

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 7/25/19

Signature:

*Amanda J. Landry*

Printed Name:

*Amanda J. Landry*

Address:

*P.O. Box 1275, Gray GA 30017*

Phone:

*678 800 3621*